

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM O-875)

65-719663
APPLICANT(S)

11-6-56

CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1							61			
2			1				62			
3			1				63			
4			2				64			
5							65			
6			1				66			
7			1				67			
8			2				68			
9							69			
10			1				70			
11			1				71			
12			2				72			
13							73			
14							74			
15							75			
16							76			
17							77			
18							78			
19							79			
20							80			
21							81			
22							82			
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26							86			
27							87			
28							88			
29							89			
30							90			
31							91			
32							92			
33							93			
34							94			
35							95			
36							96			
37							97	--		
38							98			
39							99			
40							100			
41							TOTAL IND.			
42							TOTAL DEP.			
43							TOTAL DEP.			
44							TOTAL CLAIMS			
45										
46										
47										
48										
49										
50										
TOTAL IND.			2							
TOTAL DEP.			10							
TOTAL CLAIMS			12							